

PERFORMANCE FEARS IN GRADES K-12: From Selective Mutism to Social Anxiety



**MONTGOMERY COUNTY SCHOOL NURSES'
ASSOCIATION FALL MEETING
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**PRESENTED BY
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Introductions



OBJECTIVES



1. Review key clinical signs and symptoms of social anxiety disorders in children and adolescents
2. Describe the clinical presentation of selective mutism in young children
3. Illustrate Cognitive-Behavioral Therapy (CBT) techniques that can be helpful in reducing social anxiety in children
4. Discuss when a referral to a behavioral therapist is warranted

SOCIAL PHOBIA



DSM-IV Criteria for Social Phobia (300.23)



Criterion A

1. A marked or persistent fear of one or more social or performance situations in which a person is exposed to unfamiliar people or possible scrutiny by others.
2. The individual fears that s/he will act in a way that will be HUMILIATING or EMBARRASSING
3. In children, there must be evidence of the capacity for age-appropriate social relationships with familiar people; must occur in peer settings

Other Criteria

- Exposure to the feared social situation almost invariably provokes anxiety
- Recognition that the fear is excessive/unreasonable (in children, this may be absent)
- Significant interference in functioning or marked distress
- Duration at least 6 months
- Specify if: **Generalized**

Facts & Figures: Social Phobia



Prevalence

- In a large epidemiological study of 11-year-olds in New Zealand, prevalence rate was 0.9% (Anderson et al., 1987)
- When these same children were reassessed at age 15, prevalence was 1.1% (McGee et al., 1990)
- In primary care settings, prevalence rates have been up to 7% (Chavira et al., 2004)

Situations that create distress (Beidel & Turner 1993)

In a sample of socially phobic children aged 8-12...

- Public speaking (reading aloud, giving a speech) – 89%
- Eating in public – 39%
- Writing in public – 28%
- Going to parties – 28%
- Using public restrooms – 24%
- Speaking to authority figures – 21%

SOCIAL ANXIETY: Signs & Symptoms

(i.e., what you'll hear in your office)



From Parents...

- “He was always shy in grade school – but we thought he would eventually grow out of it.”
- “When she has to give a speech in class, she always gets ill and refuses to go to school. Once she actually threw up.”
- “I know she has friends, but she doesn’t call them.”
- “He stays home on weekend nights. We used to like it, but.....”
- “What will happen when she goes away to college?”

From Kids themselves....

- “... ”
- “... ..” (looks down)
- “No, everything’s fine.”
- “....”

Why “Social Phobia?”



Social Anxiety Disorder IS a phobia.....

It's the excessive fear of negative evaluation by others.





What fuels the
fire of social
anxiety?



Examples of Maladaptive Thoughts and Unrealistic Beliefs

- If I am anxious, everyone will notice.
- If I show anxiety, others will judge me as weak or weird.
- If I make a mistake, I will look foolish.
- If I go to that party, no one will talk to me.
- I'll say something stupid.
- They won't like me.
- If I call someone on the phone, I can't tell what their reaction is... and they probably are rolling their eyes.
- If I start a conversation, the opener must be perfect.
- I am 100% responsible for how a conversation goes.

What maintains the problem?



Regardless of the initial causes of [social anxiety], the anxiety reduction associated with avoidance constitutes powerful **negative reinforcement** of behaviors that eventually serve to maintain the anxiety (Rapee & Heimberg, 1997).

Examples of Escape & Avoidance



Avoiding/Escaping social situations

- Active – don't go to parties, don't call other kids, don't raise hand in class, don't join clubs, don't ask for help
- Passive – walk around with headphones on, read during lunch, let mom do the talking, text/Facebook
- In the meantime, worry.....
 - dwell obsessively on a dreaded negative outcome (*"they'll notice my hands trembling!"*)
 - focus obsessively on your (*terrible!*) performance

CBT: Examples of Cognitive ID & Modification



Social Event	Negative Thoughts (What do I expect to happen)	Thought Challengers	Answers to the Thought Challengers (How can I test out what will happen?)
Going to a sweet 16 where there will be people I don't know.	No one will talk to me.	How likely is this? How important is this?	A few of my friends will be at that party, so I will have some people to talk to. People usually talk to new people at a party.
Starting up a conversation at lunch.	I'll say the wrong things. I'll act the wrong way.	Am I exaggerating? Is this something that usually happens?	I can stick to mundane topics. Most of the time it normally goes okay.

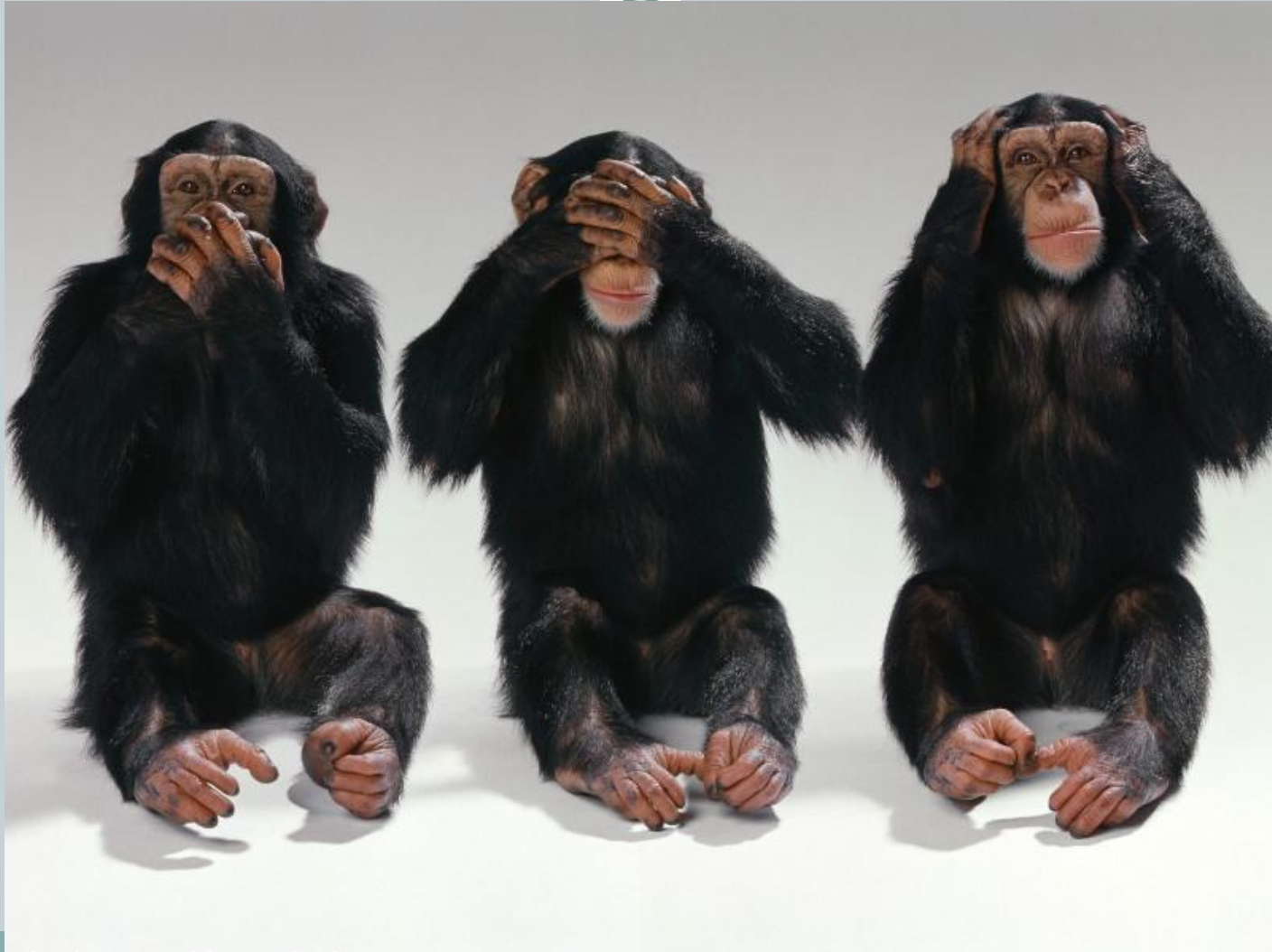
CBT: Examples of Exposures



- ✓ Spontaneous presentations, with feedback
- ✓ Initiating conversations in front of God and everybody
- ✓ Trip to Borders, ask for information
- ✓ Musical phone calls
- ✓ Musical conversations
- ✓ Deliberately making a social mistake
- ✓ Social faux pas of the week
- ✓ Social triumph of the week



SELECTIVE MUTISM



DSM-IV Criteria for Selective Mutism(313.23)



Criterion A

1. Consistent **failure** to speak in specific social situations despite speaking in other situations
2. The disturbance interferes with educational or occupational achievement or with social communication
3. Duration of the disturbance is at least 1 month (not limited to the first month of school)

Other Criteria

- The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation
- Not better accounted for by a Communication Disorder
- Doesn't occur exclusively during course of a Pervasive Developmental Disorder or Psychotic Disorder

Facts & Figures: Selective Mutism



Prevalence

- Prevalence rates 0.2 – 2.0% (Bergman et al., 2002; Garcia et al., 2004; Elizur & Perednik, 2003)
- Community & school-based samples report equal male:female ratio (Cunninham et al., 2004; Bergman et al., 2002; Elizur & Perednik, 2003)

Developmental Course

- Onset is typically prior to age 5
- Disorder often not evident until entry to school, when pressure to speak increases
- Despite early onset, children often not referred until 6 – 9 years of age
- Chronic course without treatment
- Can result in few friendships, peer rejection, incomplete academic & standardized tests, inadequate social skills

SELECTIVE MUTISM: Signs & Symptoms

(i.e., what you'll hear in your office)



From Parents...

- “He was always a shy around other toddlers and adults he didn’t know well.
- We figured he’d grow out of it once he got to school.”
- “She didn’t talk to anyone her entire first year of preschool – not even the teacher!”
- “We don’t get it – she’s a chatter box at home!”

From Kids themselves....

- “ ... ”
- “ ”
- “ ”
- Along with freezing, no eye contact, and refusal to go along with exam



FROM WHENCE SELECTIVE MUTISM?



Manipulative behavior?
*“...hostile use of silence as a
weapon?”*

Symbiotic relationship
with an overbearing
mother?

Trauma?

Just really bad
social skills?

Anxiety?



FROM WHENCE SELECTIVE MUTISM?



What the research says...

- Strong co-morbidities between SM and other anxiety disorders, particularly social phobia (Dummit et al., 1997; Sharp et al., 2007; Vecchio & Kearney, 2005)

- Greater prevalence of anxiety disorders among relatives of kids with SM (Chavira et al, 2007; Cohan et al., 2006; Kristensen & Torgerson, 2002)

- Kids with SM do not show elevated rates of oppositional behavior.... (Carbone et al., 2010; Dummit et al., 1997)

But sometimes they do... (Manassis et al., 2003; Yeganeh, Beidel, & Turner, 2006)

What maintains the problem?

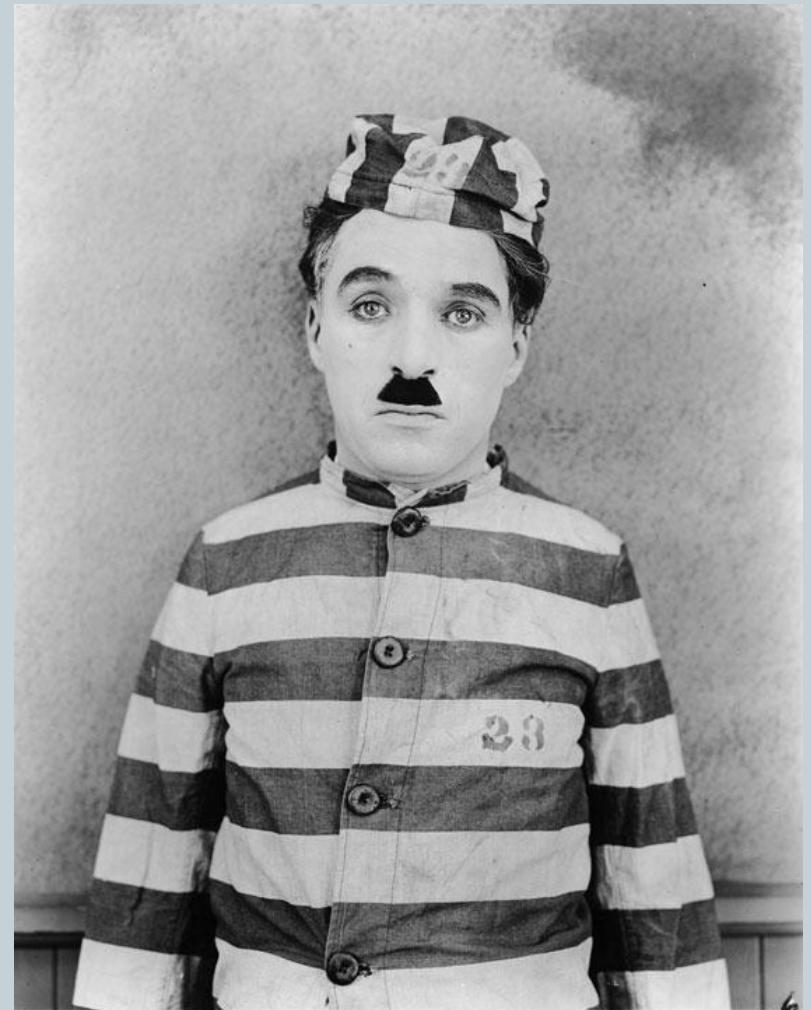


Regardless of the initial causes of [social anxiety], the anxiety reduction associated with avoidance constitutes powerful **negative reinforcement** of behaviors that eventually serve to maintain the anxiety (Rapee & Heimberg, 1997).

SELECTIVE MUTISM:

Examples of Escape & Avoidance

- *Rather than SAY the wrong thing, I just won't talk.*
- *Rather than DO the wrong thing, I'll just freeze, cling to mom, shadow teacher*
- He's too shy to answer the clerk, I'll do it for him (or else the clerk will think he's a brat).
- When she doesn't answer, I tell people she's shy.
- There's a little girl in class who talks for him.
- She didn't hear me, I'll repeat the question.



Treatments for Selective Mutism



The literature currently supports...

Cognitive Behavioral Therapy
(CBT) - based interventions (Cohan,
Chavira, & Stein, 2006; Vecchio & Kearney, 2006; Viana,
Beidel, & Rabian, 2009)

Psychodynamic therapies and
family therapies have less
evidence-based support (Anstendig,
1998; Stone et al., 2002)

Medications, specifically SSRIs
(Carlson, Mitchell, & Segool, 2008)

SELECTIVE MUTISM: CBT



DECREASE negative reinforcement of non-talking behavior

- In treatment, provide as few opportunities for NR as possible
- No questions unless an answer will be rewarded.
- No PR for not talking!
- No covert questions (Like, inflection? OR “...okay?”)
- I don’t use “shy” or “can’t talk” – I use “stuck.”

INCREASE positive reinforcement of any talking behavior

- Verbally reinforce communication (e.g., reflections, labeled praise)
- Provide small tangible rewards for communication
- Gradually shape: increase difficulty of questions
- Gradually generalize: increase the number & type of places a child will speak
- Include parents, then teachers, then neighbors, etc.



BRAVE TALKING REWARD CHART
BRAVE TALKING = 1 STAR
10 stars = 1 STICKER



1	2	3	4	5	6	7	8	9	STAR 10
									STICKER!
									STICKER!
									STICKER!
									STICKER!
									STICKER!
									STICKER!
									STICKER!
									STICKER!

What I tell parents: SELECTIVE MUTISM



You cannot force your child to speak, so...

- ✓ Avoid talking for / rescuing your child, even if it embarrasses you.
- ✓ If she wants something bad enough, she'll ask for it.
- ✓ Limit your requests for your child to speak.
- ✓ Ask the question once and WAIT for the answer.
- ✓ Avoid a power struggle – if he does speak, reward. If he doesn't, act like you don't notice or don't care.
- ✓ Tell everyone in advance of a social situation that there will be a warm-up period.
- ✓ Don't trick your child into speaking; this will backfire.

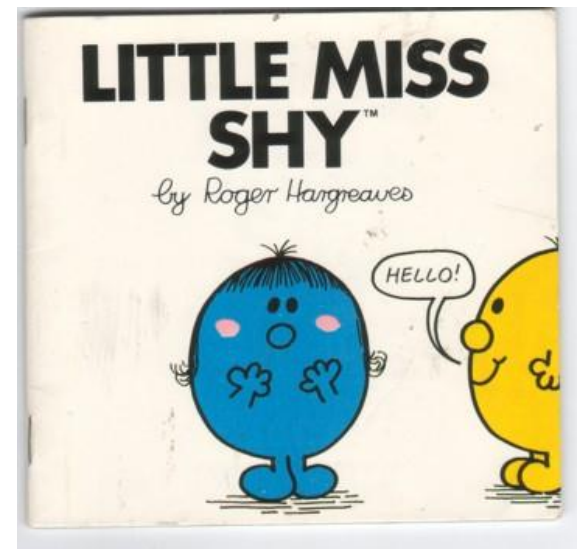
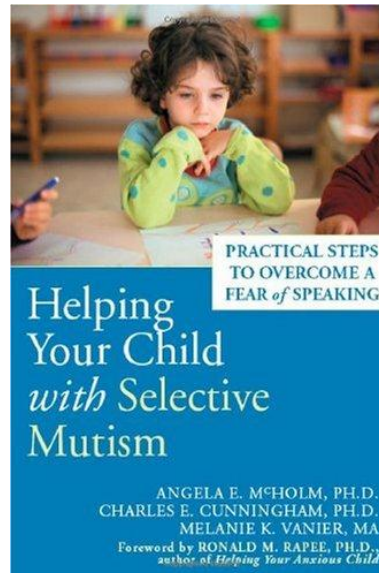
Recommended Resources: Selective Mutism

ONLINE RESOURCES

www.selectivemutism.org

www.selectivemutismfoundation.org

BOOKS



Recommended Resources: Treatment

**If the impairment is
severe enough.....**

**Treatment with a cognitive-
behavioral therapist is in order**

**For social anxiety, group
treatment is great, but not
necessary (e.g., Herbert et al.,
2004)**

Beware “social skills groups”



**Katherine Dahlsgaard, Ph.D.
at CHOP
(215) 590-1172**

**SMart Center in Jenkintown
(215) 886-6090**

**Selective mutism Group
www.selective-mutism.org**

**The COTTAGE at Penn
(215) 746-3327**

**Child & Adolescent Anxiety
Disorders Clinic at Temple
(215) 204-7165**

QUESTIONS?

